



Water Resources Program Request for Determination of Water Budget Neutrality



SURFACE WATER X GROUND WATER
Please ensure that the form is completely filled out.
Incomplete forms will lead to longer processing times, and may be rejected.

Section	n 1. APPLICANT			
	nt/Business Name:	Phone No:	Other No:	
	d Jane Rattray	425-697-4626		
Address:	8720 Talbot Road			
City: Edi	monds	State: WA	Zip:98026	
Email A	ddress (optional): mark@markrattray	v.com		
Contact 1	Name (if different from above):	Phonė No:	Other No:	
TRACI	SHALLBETTER	(509) 674-3836	(509) 260-0037	
Relations	ship to Applicant:			
Attorney	for Seller SwiftWater Ranch (mitiga	ation water)		
Address:	3201 Airport Road			
City: Cle	Elum	State: WA	Zip: 98922	
	ddress (optional): traci@shallbetterla			
	lescribe the purpose of your proposed	d project: Potable water supply for three lo	ots/three single family	
Is this for	ted length of time to complete your part an existing use, established prior to then was the water first regularly and	July 16, 2009?Yes _xNo		
For Ecology Use	APPLICATION NO: 64-355 Fee Paid: Check No:	8 4 ECY Coding: 001-0		

Purpose(s) of Use	[Rate (check one box only) Cubic Feet per Second (CFS Gallons per Minute (GPM)			Total Water Us in Acre-Feet pe Year (AF/YR) (In known)	r (Continuously or Seasonal)	
Domestic -Parcel B-1	nestic –Parcel B-1				0.392	Continuously	
Irrigation- Parcel B-1					0.022	Seasonal	
Domestic –Parcel D-3					0.392	Continuously	
Irrigation- Parcel D-3					0.022	Seasonal	
Domestic –Parcel E-1					0.392	Continuously	
Irrigation- Parcel E-1		. In	No.		0.022	Seasonal	
T	OTAL:				1.242		
located at: http://www.ecy.wa.gov/pro Section 3. POINT Comple	evillar - 1.16 h.V.G Albert V. s 1	VER	SION OI	R WITH	DRAWAL -		
A.) If Surface Water Source					B.) If Ground Water Source		
		7.,					
A.) If Surface Water Spring Creek Content Con	River [Do x W pare Exi If a We Nur (one	you have an existing well diameter wailable, attach Will Tag ID No. ABP	ong well? x YES NO One well on one of the three bject of this application or & depth: 6", 118 ft ater Well Report and pump test. O16 points of withdrawal: Three cel), or a shared well situated or	
Spring Creek Control Con	River [nts:Y 🔲 YI	ES 🗌 NO	Do x W pare Exi If a We Nur (one one	you have an existing well diameter wailable, attach Will Tag ID No. ABP	ong well? x YES NO One well on one of the three bject of this application or & depth: 6", 118 ft ater Well Report and pump test. O16 points of withdrawal: Three cel), or a shared well situated or	
Spring Creek Cother: Other: Source Name: Tributary to: Number of proposed div	River [nts:Y 🔲 YI	ES 🗌 NO	Do x W pare Exi If a We Nur (one one	you have an existing well diameter vailable, attach Will Tag ID No. ABP mber of proposed per well for each part or more of the three values.	ong well? x YES NO One well on one of the three bject of this application or & depth: 6", 118 ft ater Well Report and pump test. O16 points of withdrawal: Three cel), or a shared well situated or	
Spring Creek Control Creek Control Creek Control Creek Control Creek Control Creek Control Creek	River [version points; diversion?	nts:Y	ES □ NO - Legal De	Do x W pare Exi If a We Nur (one one	you have an existing well diameter vailable, attach Will Tag ID No. ABP mber of proposed per well for each part or more of the three values.	ong well? x YES NO One well on one of the three bject of this application or & depth: 6", 118 ft ater Well Report and pump test. O16 points of withdrawal: Three reel), or a shared well situated or see parcels	
Spring Creek Control Creek Control Creek Control Creek Control Creek Control Creek C	River River Mersion Poir Riversion Poir Riversion Poir Riversion?	nts:Y	ES NO Legal De	Do x W pare Exi If a We Nur (one one scription Township	you have an existing well diameter vailable, attach Well Tag ID No. ABP mber of proposed per well for each part or more of the three Range	Ing well? x YES NO One well on one of the three bject of this application or & depth: 6", 118 ft ater Well Report and pump test. O16 points of withdrawal: Three cel), or a shared well situated or ee parcels County	

f available, GPS (Global Positioning System) device lo	
atitude:N Longitude:	W
Datum and units (for example NAD83 and decimal deg	grees, etc):(required for all GPS locations)
f known, enter the distances in feet from the point of d	iversion or withdrawal to the nearest section corner:
Feet (North South) andfeet (East/ West)
rom the (NW SW NE SE) corner	of Section
tap identifying the well location within the parcel is request (see below). It ach a map of your project showing the point of die sure to include a complete copy of the plat map. Is sted in Section 3 matches the well location on the si	attach additional information on a separate sheet of paper quired for all existing wells proposed for use under this iversion/withdrawal and place of use. If platted propert Please ensure that the well location and parcel number te map and on the well log. If there are any differences
lease provide an explanation on a separate sheet of rocessing the request. Section 4. WATER SYSTEM INFORM	ATION
Complete A or B, C, D, E and F bel	
A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: Three	Present population to be served water:
Type of connections: Single family residences (one per parcel) (e.g., home, recreational cabin)	Estimate future population to be served:(20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Wa	ashington State Department of Health, Drinking Water
If yes, date plan was approved/ W	/ater System Number:
Name of water system:	
Are you within the service area of an existing water sy	
	[2017] 100 (1.1.) <mark>- 플러브</mark> 191 7 (1.1.) 1917 (1.1.) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
If yes, explain why you are unable to connect to the sy	
If yes, explain why you are unable to connect to the sy	
If yes, explain why you are unable to connect to the sy	

D.) On-Site Septic			
Will there be an on-site septic s	ystem? XYES NO		
If yes, please provide a copy of drain field. ATTACHED	the property covenant that restrict	s or prohibits trees	or shrubs over the septic
E.) Sanitary Sewer System			
Will domestic wastewater be dis	scharged to a sanitary sewer system	m? YES X NO	
If yes, please provide a copy of	the sewer utility agreement that se	erves the proposed p	project.
F.) Irrigation			
NOTE: Outline the area to be i	to be irrigated under this applicate rrigated on your attached map. e immediately around each he	(1 acre =	43,560 square feet)
Section 5. MITIGATIO)N		
identify an existing trust water remust: Contribute an equal or garker. Have a priority date ear	Vater Budget Neutrality under Charight or pending application to place greater amount to Yakima River fluier than May 10, 1905. Or instream flow protection and missing the street of t	ce a water right in tr	rust. The trust water right(s) ation season, as measured at
A) Existing Trust Water Right Please identify existing trus	nt t water right(s) for use as mitigation	on.	
Water Right No.	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
CS4- YRB03CC2255(A)CTCL@2	0.286 CFS	24.2	JUNE 30, 1890
CS4- YRB03CC2255(B)CTCL@2 CS4- YRB03CC2255(C)CTCL@2	0.067 CFS 0.056 CFS	3.38 2.84	JUNE 30, 1890 JUNE 30, 1890
110000000000000000000000000000000000000	TOTAL:	30.42	
B) Proposed Trust Water Rig Please identify the pending	tht Application application(s) to place a water right	nt(s) into trust for us	se as mitigation.
Water Right No.	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date

<u> </u>	
TOTA	L:

C) Quantity of Trust Water Right(s) listed in Section 5 (A) and (B) Acquired for Mitigation

Please list the specific quantity in AFY of Trust Water Right(s) listed in Sections 5(A & B) that have been acquired to offset consumptive use associated with this proposed new use of groundwater: 0.137 AFY Note: You may wish to refer to the online water use calculator for example consumptive use calculations: http://www.ecy.wa.gov/programs/wr/cro/wtrxchng.html
Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

attacl	IICU.					
	***************************************	-				
1/4	1/4	Section	Twp.	Range	County	Parcel No.
1						
SE	***************************************	26	20	16	Kittitas	528536
SE	ant a section to the contract of the contract	26	20	16	Kittitas	121136
sw		25	20	16	Kittitas	194935

Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsibility for the accuracy of the information provided.

Mark Rattray .	204		9-22-12
Print Name	Signature	11	Date
(Applicant or authorized representative)			9-22-12
Mark Rattray			1-22-16
Print Name	Signature)	Date
(Land Owner, if seeking to use the ground water e	exemption)		

ECY 070-371 (Revised 07/2011) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.
Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

ATTACHMENTS -- Mark Rattray (Parcels 528536, 121136, and 194935)

-Legal Description of Three Parcels for Place of Use

- -Site Plan Showing Each of Three Parcels with Proposed Place of Use, and Location of Existing Well
- -Septic Restrictive Covenant Covering Three Parcels

-Well Log for Well ABP016

Submit this form to:

DEPARTMENT OF ECOLOGY WATER RESOURCES PROGRAM CENTRAL REGIONAL OFFICE 15 W. YAKIMA AVE, SUITE 200 YAKIMA, WA 98902-3452